TEN MINUTE TALKS
TO CENTRE MOTHERS

PREPARED FOR THE USE OF HEALTH VISITORS BY THE
WOMEN PUBLIC HEALTH OFFICERS' ASSOCIATION

SERIES II
BABY

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W.P.H.O.A.

7 VICTORIA STREET LONDON, S.W.1

FOREWORD

This second series of Ten Minute Talks is again presented in the form of one full-length talk and nine briefer summaries of points which can be made—not necessarily at one time—on a given subject.

For a little inevitable overlapping of these Talks with each other and with those of Series I. there is little need to apologise to Health Visitors whose work so largely consists in saying the same things again in different ways.

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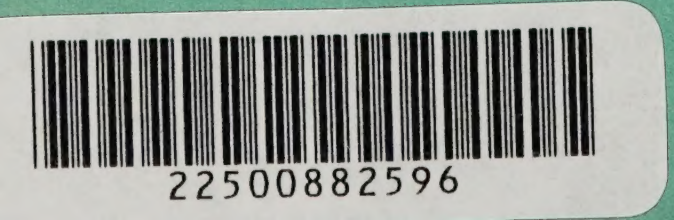

MODEL TALK

I.

Breast Feeding and Weaning

Introduction

A PLEA FOR BREAST FEEDING

DO you realise that when you refuse to breast feed your baby, or at least do not make every effort to do so, you are taking what is not yours ?

If you had no baby you would have no milk, so it is obvious that the milk is his and not yours at all.

Breast milk is the "Baby's Birthright."

If you look up "Birthright" in the dictionary you will find that it means "the right or privilege to which one is entitled by birth"!

Nature makes provision for all her young things, though she makes it in different ways. Her provision for the higher animals and including human babies is milk from the mother's breast.

(Show pictures of domestic and wild animals suckling : foals, calves, kittens, puppies, fox cubs, etc.)

Breast milk is the perfect baby food.

(a) It is the most easily digested.
(b) Contains all the food that baby needs—and in the right proportions.
(c) It is at the right temperature.
(d) It is clean and free from germs so that baby is less likely to develop such diseases as diarrhœa, tuberculosis, diptheria or other infections.
(e) It is cheaper than bottle feeding and saves both time and trouble.
(f) Sucking at the breast provides proper exercise for the development of the muscles, jaws and teeth of the child.
(g) The breast fed baby is less likely to develop rickets.
(h) Breast feeding benefits the mother's health.
(i) Creates bond of love and sympathy between mother and baby

The act of suckling is good for the child and the mother

ADVANTAGES TO BABY

1. The baby gets pleasant exercise and strengthens his jaws and face muscles and suckling brings a good flow of blood to his gums, which helps the formation of good teeth and makes it easier for him to cut his teeth without trouble
2. The strong stimulus started by sucking at the breast (which is more natural and more difficult than sucking a rubber teat) educates his digestive system, promotes regular action of bowels and thus prevents constipation.

3. It helps to ensure regularity of feeding; after a little while the filling of the breast at regular intervals becomes automatic ("draughts coming in") and mother is reminded to be punctual in giving feeds in order to avoid discomfort.

If you cannot feed your baby entirely, remember that breast milk is so valuable that no drop should be wasted. Go to your Health Visitor, she will arrange for a test feed, and advise how to increase and, if necessary, supplement your breast supply. Don't "put baby straight on to a bottle altogether."

ADVANTAGES TO MOTHER.

1. Breast feeding hastens the return of the womb and surrounding muscles to their normal size and tone.

   This is very important to those of you who want to keep your figures neat and trim—a very proper ambition we all agree.
2. The tie of affection between you and your baby is stronger and he is more "yours" than when artificially fed.
3. You are saved the cost of artificial food and the trouble of preparing it and the necessary cleansing of bottles, teats and other utensils.

How is it that breast-fed babies "don't catch things easily"? (Explain in simple language what is meant by "immunity"), e.g. Mother has no doubt had some of the common infective illnesses like measles and chicken pox, and perhaps scarlet fever or diptheria. We get over these illnesses because our blood makes substances called anti-bodies, which fight the particular disease germs and destroy them. These anti-bodies remain in our blood and destroy the germs at once if they meet again. That is why we seldom get a second attack of measles or chicken pox or scarlet fever. Mother also is "naturally immune" to some infections which means that her blood has something in it which prevents her ever taking those particular diseases.

Now, all babies start life with their mother's blood, anti-bodies and all, in their veins, so that for the first few months of their life they share her "immunity." If they are breast fed they also get a further supply of anti-bodies through the milk which Mother's breasts make out of her blood. Fresh raw milk, too, has more vitamin in it than milk which has been dried or boiled. (Vitamins will have been explained in a previous talk.)

THE TECHNIQUE OF BREAST FEEDING

There are good, middling and bad ways of doing everything, breast feeding among them.

The worst way is to have a tight frock that doesn't open generously in front ; to sit in a cramped position on the edge of a chair ; to be fretting at the back of your mind to be getting on with another job and at the same time be talking to someone or scolding the other children and getting up now and then to attend to the cooking with one hand while you clutch the baby with the other.

The best way is to have a dress that opens sufficiently without exposing your chest to draughts. To sit back, relaxed and comfortable, in a low chair or with your feet on a stool, with baby's head in the crook of your elbow (made on purpose for a baby's head!), with his body comfortably across your lap. Make up your mind that baby's feed is your job for the next twenty minutes. The less noise there is going on the better baby will suck and the twenty minutes' quiet rest will do you good and you will get on with your work the quicker for it afterwards.

(*Demonstrate bad and good positions*).

WAYS OF INCREASING THE BREAST SUPPLY

Hot and cold bathing. *Explain.*

Massage. **Brisk,** with the flat of the hand over shoulder and side towards breast ; **gentle,** with pads of fingers, on breast towards nipple. *Demonstrate.*

See that both breasts are completely empty after each feed.

Warm drink half an hour before feeding.

Plenty of water and fluid foods.

Attention to general health. (*Amplified in previous talk.*)

If you think you are a little anæmic consult your doctor or Welfare Centre about an iron tonic.

(Don't take patent medicines—you don't know whether they contain something that may upset baby.)

WEANING

The word is used in this connection to indicate the change from milk feeds to solid food. It is generally agreed that baby should be entirely weaned by not later than 10 months. It is imperative that the change from breast to ordinary feeding should be gentle and gradual.

A normal baby has by 6 or 7 months cut at least two teeth. It is reasonable to think that by then he can digest food of a stronger and more varied nature.

It is wise therefore to accustom the baby gradually to new foods from $3\frac{1}{2}$ to $4\frac{1}{2}$ months, according to the progress of the baby.

First Stage

1. Give $\frac{1}{2}$ teaspoonful egg-yolk before 10 a.m. pram feed gradually increasing to whole yolk at 8 months.
2. Give 1 teaspoonful of red meat juice, bone broth or vegetable puree before the 2 p.m. feed, and gradually increase to 2-3 tablespoonful, decreasing breast feed.
3. Give a hard crust or rusk with a little butter on it about 4-30 p.m.

Do not leave the baby alone with this.

Give only one new food at a time, and only increase when you are sure it agrees with your baby.

Second Stage

When baby weighs 15 lb. or is six months old a cereal can be started. Begin this by giving 2 to 3 teaspoons before the 10 a.m. feed. Reduce breast feed. Vary your cereal as much as possible. (Give list of cereals and preparation).

Follow the gravy and vegetable puree at 2 p.m. with 2 to 3 tablespoonful of egg custard, corn flour, semolina, or junket with baked or stewed apple, prune juice, or rose hip syrup.

When baby is taking this well, give small teaspoon of steamed fish or grated cheese with vegetable puree.

Marmite is valuable and can be used to flavour vegetable water on days when you haven't bone broth or red meat gravy.

By now the baby will not need any breast milk, but can be given a drink of boiled water from a cup instead.

Third Stage

At 7 months, baby will be taking sufficient cereal at 10 a.m. to enable you to cut out breast or bottle. Give baby a drink of milk in a cup after the cereal.

At $7\frac{1}{2}$ months, repeat the 10 a.m. feed at 6 p.m. using a different cereal to that given in the morning.

Leave off the 10 p.m. breast or bottle feed as soon as possible. It is a good idea to reduce the quantity gradually till baby realizes it isn't worth waking for.

Fourth Stage

Now there is only the 6 a.m. breast feed being given. Substitute this for a drink of orange juice on waking, and give baby his cereal and milk at 8 a.m.

Adjusting the time of all his meals to fit with family meal times.

You should be able to do this at about 8 months.

Additions to the meals from eight months

Bread fried crisply in bacon fat.

Soft herring roes, brains, minced steamed liver, scraped red meat.

Vary the diet as much as possible. Breakfast cereal or well-cooked porridge, bread and butter with honey, syrup or a scrape of Marmite, or mashed banana, or a little fruit jelly with cream, at breakfast and tea time. Don't forget the fruit juice, orange, Rosehip syrup or tomato. Give cod liver oil in some form.

From nine months onwards do make your baby's feeding fit in with the family time table. If carefully trained, they can and should take most of the things included in the family dietary. You must, of course, use commonsense and withhold rich and highly seasoned foods, sauces and condiments, sausages, and all fried foods, pastry and fruit cakes, and, generally speaking, tinned foods, except the specially prepared baby foods. Some vegetables will need a little more preparation, *e.g.*, greens and root vegetables like carrots must be finely chopped or sieved.

Train baby to eat hard foods for the good of his teeth, and for the

same reason, teeth cleaning foods like raw apples, but these must be given whole (peeled first), not in slices, so that he has to chew them and is not able to swallow lumps whole.

All children should have a pint of milk a day and their diet should include butter, eggs, cheese (introduced carefully), greens, fruit and later salads, and plenty of water.

If you give baby the right diet from birth he will have a strong healthy body, good teeth and a good temper.

GETTING RID OF THE BREAST MILK.

If you wean your baby very gradually, the breast supply will usually diminish correspondingly, and you should have no trouble However, you should, of course, take less fluids and stop the 'before feeds' drink. If you have any difficulty ask your Health Visitor for advice at once. Don't let your breast get hard and swollen — much better let baby have the milk a little longer.

(Methods of discouraging lactaton can be given and demonstrated if desirable.)

Demonstration Material

Nursing Chair.

Design and patterns of sensible frocks for nursing mothers.

Weaning charts and recipes for groats barley gruel and bone broth, etc.

Home made oven rusks.

A ''sample'' dinner for a seven months old baby. (Cooked as recently as possible. Arrange vegetables and potato and other ingredients neatly in separate little heaps. Cover tightly with cellophane to preserv e fresh appearance.)

A six-tailed breast bandage (if desired.)

Pictures of kittens, puppies, lambs, fox cubs, lion cubs, etc., with their mothers.

II.

Planning Baby's Day

Introduction

EVERY mother begins with the intention of keeping her new baby in good health. She knows that good health is the best gift life can bring him.

Regularity

Remember that the key to good baby management is Regularity. Regular feed times, sleep times, bath times, bowel action, outings and exercise, for babies and young children love to do the same things in the same way at the same time day after day.

In babyhood are laid the foundations of bodily habits which we are apt to keep for the rest of our lives, whether we like them or not. (*Amplify this theme.*)

Whatever arises during the day, baby should not be neglected, and if kept to a routine from the beginning he will soon keep you to it himself by protesting loudly at delays.

Of course the actual times should fit in with the rest of your work, but here is a chart which can be altered to suit requirements.

A SAMPLE TIME-TABLE.

6-0 a.m.	Remove napkin—feed.
6-20 a.m.	Hold out. (Generally has a motion.) Return baby to cot.
9-30 a.m.	Prepare and give bath.
10-0 a.m.	Feed.
10-20 a.m.	Hold out. Return to cot or pram. for morning sleep, preferably out-of-doors, or at open window.
1-50 p.m.	Hold out. Change napkin if necessary.
2-0 p.m.	Feed.
2-20 p.m.	Hold out. Baby should be allowed to lie on a blanket, excluded from draughts, or, in warm weather, out-of-doors in pram. to exercise his limbs.
3-0 p.m.	Change napkin if necessary— settle baby down to sleep and if possible especially where there is no garden, take baby to the nearest park after you have had a little rest yourself.
5-40 p.m.	Hold out—give evening wash.
6-0 p.m.	Feed. It is a good plan to nurse baby for 10 minutes after this feed—the only time baby should be nursed.
6-30 p.m.	Hold out—put on napkin and settle baby in cot.
10-0 p.m.	Change—feed.
10-20 p.m.	Hold out—put back in cot.

Hold baby out for 2 or 3 minutes only and don't worry if he doesn't use his pot. Serious training should not begin before a year. A wet napkin should be taken off immediately and *never* put on again unwashed; never use soda for washing napkins or blue in the rinsing water.

Fresh Air

Have baby out of doors as much as possible and sleep in room with open windows by day and night.

Avoid Excitement

Do not let relatives nurse or "play" with baby, and do not keep him up late just for Daddy to nurse. He will only repay you by being cross during the night.

Whether baby is breast or "bottle" fed, if he is kept to a routine, not excited, has suitable food and plenty of fresh air, he should be a normal contented baby and gain regularly.

Sometimes it is necessary to have baby on three hourly feeds. This is only necessary if baby is under 7 lbs. or an infant who is not gaining well, or is discontented and fretful. The times should then be 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m., 10 p.m.

As soon as baby is gaining regularly this timing can be changed to four hourly feeding ; it is very rarely used after two months old.

Baby should always be wakened if asleep at his feed time ; he will soon sleep again afterwards.

Sleep

He should never be given a dummy, rocked or petted off to sleep ; or left with a bottle feed or bottle of water; this is not necessary and establishes bad habits. If he does not go to sleep soon after he is laid down, there is something wrong. Perhaps he is cold; give him an extra blanket or a hot water bottle beneath his under-blanket. Often turning him over on his other side will comfort him. He may be facing the sun, put him in a shady spot.

A baby should have boiled water given with a spoon, either between feeds, especially if fretful, or just before a feed if he is inclined to take a feed too quickly.

If wakeful between 10 p.m. and 6 a.m., a little boiled water given in cup and spoon will often be all that is necessary.

Change of Time-Table

From four months onwards, baby's diet is gradually changing and meal times can be altered and intervals prolonged to suit home conditions.

Regularity should still be maintained. Weaning itself will be dealt with in a later talk.

Let us finish with :

"Time and Tide wait for no man, neither should Baby."

Demonstration Material

A cardboard clock face, divided into sections and coloured. Separate colours for feeding times, bathing times, sleep times.

III.

Baby's Toilet

TO be kept sweet and clean and warm and dry, is every baby's right. It is neither difficult nor does it take much time, nor need the necessary equipment be elaborate or expensive. What is wanted is system and gumption, which are well rewarded by a happier and healthier baby.

Every normal baby (i.e. unless premature or ill) wants a bath all over every day, and a good wash, "top and tail," and a change of clothes as well.

No baby should get so used to lying in wet napkins that it ceases to protest when it is wet.

BATH

Nursing chair, rubber apron, bathing apron, stool for bath, bath tub, soap, face towel, face flannel, towels, "baby's basket," brush and comb, clean change, aired napkin , safety pins.

Arrange that all these things shall be kept together, thus saving time and lessening the risk of having to get up with a wet, slippery baby and look for something you have forgotten.

Nursing chair (one with storage room under seat for keeping dry napkins, bathing aprons, etc., might perhaps be made by a clever Daddy.)

Bathing Screen. Small clothes horse, big enough to keep draughts off, with cretonne removable cover, containing several pockets which will hold clean change, napkins, brush and comb and baby's box.

Bath stool can be made out of an old chair, back removed, legs shortened. Piece of ply wood on rungs to make shelf for soap dish ; on side rungs can hang face flannel and face towel. Cover seat with Woolworth's rubber mat.

A quick and easy Bathing Apron. A bath towel, with one end folded in, envelope fashion, with tape to slip over head and other tapes to fasten behind. More easily washed, and more quickly dried and aired, than flannel apron, and soon converted back to bath towel when baby too old to bath on your knee.

Rubber or Plastic Apron under the towelling apron saves damp knees and rheumatism.

Soap. Not coloured, not highly scented, not disinfectant. Super-fatted baby soap not expensive nowadays, but ordinary white curd excellent.

Face towel and face flannel. Both of three ply butter muslin.

Baby's basket should not be a basket, but a tin box. Contents: Bottle of boracic lotion (half teaspoon crystals to pint when diluted); small bottle of olive oil; pot of white vaseline; screw top jar or sprinkler-tin of two parts starch powder, one-part zinc powder (no boracic); cotton wool pulled into little swabs and wrapped in clean hankie.

Demonstrate bathing with dummy or real baby.

Especially holding and handling, cleansing and drying of folds.

Emphasize that mouth should not be wiped out.

NAPKIN TOILET

Discuss napkins, best material and sizes, and cost. **Show** examples of turkey towelling, winceyette, and butter muslin napkins.

Demonstrate

Application of napkin (extraordinary how few mothers put these on so that they function efficiently). Show how bulky napkin can bow out thighs. Curved pins for safety.

Rubber or **Plastic knickers** should never be used for long periods or at night, but only for a protection when taking baby out.

When changing napkins always cleanse skin with soap and warm water, or cotton wool and olive oil, paying particular attention to folds before putting on clean napkin. Put discarded napkins straight into water.

Washing napkins. No soda, blue or "oxygen" boiling powder (which contain bleaching chemical). Rinse under running tap. Dry in open air. Air well before use.

As a help to keeping baby sweet and clean and warm and dry, and at the same time saving yourself work and washing and worry over drying and airing of baby clothes and bedding in winter, do make a practice of holding out before and after feed and of encouraging bowel action after the bath.

COT COMFORT

Cot bedding

Chaff mattress best, (since it can be changed cheaply) or Hair mattress.
Firm pillow after 3 months. Napkin inside pillow slip at first.
Rubber sheeting.

Demonstration

Make up cot, showing how to keep bed clothes taut and well tucked in and the safe placing of hot water bottle.

BABY'S BEAUTY PARLOUR

(*Enlarge and demonstrate*).

Care of eyes.
Care of finger and toe nails.
Care of scalp and hair ; avoidance and treatment of cradle-cap
Care of first teeth.
Blowing baby's nose.

Demonstration Material

Bathing screen, baby's box and contents, bath stool and nursing chair. All necessary equipment for demonstration of bathing baby, including bath towel apron.

Cot and bedding.

IV.

Bottle Babies

Introduction

TO-DAY'S talk is on a most important subject, namely, the second best method of feeding a baby. One may have to resort to this method where Doctor thinks it advisable that the mother should not feed her baby owing to her ill health, or as so often happens she has to resume her outside work shortly after baby is born.

We will not discuss the whys and wherefores of breast feeding, but straightway endeavour to make our artificially fed baby as happy, healthy and contented as a breast-fed baby. This means a good deal more than mixing a few measures of powder or milk and water, pouring the mixture into a bottle, putting both baby and bottle into a cot to take it or leave it.

In order to make the second best method of feeding as nearly perfect as breast feeding, a good motto is—

"If your baby is bottle fed,
Always seek expert aid."

Choice of Milk

The food intended by nature for babies is milk.

Where breast feeding is impossible wet or dried cow's milk should be substituted.

When wet cow's milk is used, it must be altered in such a way that it resembles human milk. After all, cow's milk was meant for calves, not babies. (*Explain.*)

Precautions must be taken to destroy disease germs which are liable to be present—these may be got rid of by boiling.

Difference between Wet and Dry Milk

Dried milk is cow's milk which has gone through a special process to take away the water, leaving a powder. For the busy mother with little time and accommodation for preparing and storing cow's milk, the substitute of a good dried milk is invaluable, especially as it can be bought already humanised. (*Explain humanisation*).

Necessity for Additional Vitamins

We have learned that in boiling milk and during the process of drying milk, some very valuable vitamins (*explain vitamins*) are destroyed—these we replace by the addition of orange juice and cod liver oil.

Quantities of Food.

How are we able to judge how much food baby requires when bottle fed?

The amount given varies according to the weight (and to a lesser extent, age) of the child.

Authorities on baby feeding tell us that a young baby requires $2\frac{1}{2}$ ounces of breast milk a day for every pound it weighs.

Thus a baby weighing 7 pounds requires $17\frac{1}{2}$ ounces in 24 hours and if fed four-hourly requires $3\frac{1}{2}$ ounces at every feed.

But at this point let us remember that *each baby is an individual* and may need more or less food during the 24 hours, whether fed three hourly or four-hourly. Consult your Health Visitor and Centre Doctor about *your* baby.

Utensils

All feeding utensils should be kept on a tray. It will save time and temper when preparing a feed if all is at hand. Cover tray with muslin or net, frequently washed.

Choice of Bottles

I suggest you use the bottle with a rounded end, which requires a teat only.

Utensils Required

1. Saucepan with lid, large enough to hold bottle, bowl and jug.
2. Two bottles.
3. **Two Teats**—one with large and one with small hole, and screw top jar to keep them in (*Explain use of two teats*).
4. Jug marked with ounces and tablespoons.
5. Small bowl for mixing feeds.
6. One teaspoon—standard size.
7. Small jar of salt.
8. Small jar of sugar.
9. Tin with lid to keep dried milk.
10. Measure, usually given with food when bought.
11. Bottle of Cod Liver Oil.
12. Flannel cover to slip bottle into to keep milk warm.

Care of Utensils

The utensils on the tray must be boiled *at least* once a day, teats being boiled for 1 *minute only*. Boil the bottles in the saucepan where they can remain till required, covered up and free from dust.

After use, the teats should be rubbed inside and out with salt. Don't keep them in water, but in a small cup covered over, or in a screw-top jar. Scald with boiling water immediately before use. The bottles

hould be rinsed out with clean boiled water and replaced in the pan and covered. Instead of boiling, bottles and teats may be sterilised with Milton solution. (*Give leaflet on this method.*)

Preparation of Dried Milk Feeds—(Health Visitor demonstrating.)

Commence preparation of each feed ten minutes before it is due. Perfect cleanliness being absolutely essential, the hands must be scrubbed thoroughly.

Method.

Pour into jug the required quantity of boiled water. (Just off the boil).

Put into bowl required number of level measures of powder.

Add sugar accordingly.

Mix powder into paste with some of the measured water ; add the remainder of the water stirring all the time.

Pour into bottle.

The temperature of the feed should be about 100°F. or the same as breast mi k. Test by a drop on the back of the hand or inner side of wrist, where skin is thin and sensitive.

If cod liver oil is added to the feed there is a danger that a large proportion of the oil sticks to the middle of the feeding bottle and is wasted. A better way is to give it separately, or mixed with a little of the milk mixture, by spoon before the feed.

Giving of Feeds and Mother's Attitude

The actual method of giving baby a bottle is most important.

The bottle-fed baby misses a great deal of that feeling of love and protection even the tiny baby feels when it nestles into its mother's breast. We must try, therefore, to make up this loss. Grown-up people are inclined to forget that this small bundle of humanity feels the need of love as much as it feels hunger, and by starving the baby of this mother-love and protection it may be we sow, all unknown, seeds which will do a great deal of harm when the baby grows older. So take baby in your arms, sit down quietly in a comfy chair, and, although the milk is not actually from the breast, baby will have the same chance of that feeling of security and trust in its mother which is its great privilege and birthright.

Danger of feeding baby in pram

Many mothers, to save themselves time and trouble leave baby in his pram with his bottle propped up on a pillow so that he can feed himself. The dangers are that baby lacks that feeling of comfort and security, the feed quickly gets cold, and baby often sucks air, but above all he runs the risk of an abscess in the ear! (*Explain and draw position of the eustachian tube and show how when baby is fed lying down there is a very real risk of milk creeping up the tube and into the ear.*)

Commencement of Mixed Feeding

This is the same as for a breast fed baby. See Chapter I.

Demonstration Material

Tray, complete with bottles and all necessary utensils. Keep as simple as possible.

Other matter which can be introduced into this talk. Strength of milk mixtures, both wet and dried, as usually advised at the Centre.

Condensed Milks. When and how these may be used. Stress when they should not be used.

Keeping of Milk. Suitable ways and places. Even dried milk needs care and should be stored in a cool, dry place. Welfare packet milk is often left about, half open and exposed to dust, on the mantelpiece.

V.

Clothing from three months to twelve months

AIM of Clothing

To keep baby comfortably warm.
Baby should not perspire visibly.

Air should circulate round the baby and between the layers of clothing.

Clothing essentials

1. Should retain natural heat of the body.
2. Should absorb moisture.
3. Be washable, durable, light and cheap.

Wool fulfils all these requirements. Seen under the microscope the wool fibre is covered with tiny scales under which perspiration can creep and be imprisoned. The cotton fibre resembles a straight tube and easily becomes damp, leading to chilling of the baby.

Flannel is all wool material.

Viyella (Wool and Cotton) is reliable and washes well.

Wincey (Wool and Cotton) suitable for night clothes.

Flannellette and Winceyette, all cotton and should not be used.

Silk. Action similar to wool.

Artificial Silk, good for the summer. Allows sun's beneficial rays to percolate and reach the body, at the same time preventing sun burn.

Cellular Cotton. This is valuable inasmuch as it allows air to percolate the loosely woven meshes of the fabric and so enables the skin to 'breathe'. This layer of air is warmed by the body and remains 'tangled' in the cotton mesh. Cellular fabric is described as the 'health-giving fabric,' gaining in popularity yearly.

MODERN AIM WHEN CLOTHING INFANTS

Quality not Quantity

Three layers only required.

1. *Vest.* Wool next to the body. This should not open down the front. Knitted or flannel or wincey pilch knickers over napkin.
2. *Petticoat* in flannel. This prevents wind penetrating.
3. *Frock.* Silk or wool, or cotton in summer.

Should be sufficient to cover the skin surface.

Bootees are very necessary. Babies often are carried about shewing red-cold feet.

If correctly clothed he can exercise himself sufficiently by kicking and general body movements to keep up a good circulation.

All garments should be big enough to allow for free growth and movement. Simple in design, no unnecessary tapes, ribbons or buttons being used. Allowance for growth can be made by a simple arrangement of tucks in the shoulders and deep hems on garment and sleeves.

All-wool Baby. Not now considered good, not being windproof and often hot and irritating to baby's tender skin.

Outdoor wear.

Windproof suit consisting of coat and leggingettes excellent for winter, allows freedom of movement while maintaining warmth.

Hats and bonnets now considered unnecessary except in very severe weather.

Rules to remember when planning winter attire.

Knitted Wool alone is inadequate for maintaining warmth. Wool matinee coat useful in house.

Don't overclothe when indoors.

Sleeves must reach to the wrists.

Viyella—an excellent material for all garments, and if they are made large enough will last well into the second year, and so justify the slight extra cost. Again it never 'washes up' or shrinks.

Summer Attire

Reduce clothing to the minimum.

Cotton and artificial silk outer garments desirable.

When baby is in his pram. in the sunshine, cotton hat not much use as a protection from the sun, canopy better ; also protects the eyes

(*Here demonstrate how a canopy can be improvised, e.g. old umbrellas, sunshades, etc., handy father can make a frame and cover it with a cotton material.*)

Light coloured clothing keeps baby cooler in summer, does not attract heat as dark, heavy fabrics do.

URGE MOTHERS TO AVOID :

1. **Rubber knickers**—enlarge on the cause of napkin rash.
   (a) Hot and sweaty
   (b) Uncomfortable to wear.
   (c) Expensive ; constantly require replacing.
2. **Bulky Napkins.** Enlarge on washing and care of same.
3. **Stays or bodices.**
4. **Binders.** Old wives' tales about supporting the back. Here is an opportunity to discuss muscular development and exercise.
5. **Over clothing.** Sweat rashes ; irritable babies ; loss of appetite.
6. **Dangers and disadvantages** of draw strings, tapes and ribbons.

7. **Small buttons as trimming ; rabbit wool and swans-down.** (Can be bitten off and swallowed; can be plucked out and swallowed.)

8. **Tight Socks.** Wool socks which have shrunk up hard keep the feet colder by impeding circulation than if none were worn.

Shoes

Many mothers encase a young baby's growing foot in shoes, so hampering normal development. Here discuss *anatomy of the foot muscular development, need for exercise*, and *development of arch. Good and bad types of shoes*. Demonstrate same if possible. Get cheap heelless ankle strap shoe in patent leather and a good 'Startrite' one with heel and strap across the foot.

Discuss disadvantages of patent leather. Necessity of wearing socks if shoes are worn, otherwise feet sweat and mildew forms in shoe lining.

Demonstration Material

Model garments can be displayed with great advantage, they assist teaching and are always a source of interest to mothers. They will loosen shy tongues and start a spirited discussion.

Paton and Baldwin's have excellent leaflets of knitted garments, complete with detailed instructions.

VI.

Milestones in Baby's Life

Introduction

SOME people keep "Baby Books," recording such facts as baby's first smile—cut first tooth, and so on. This is useful and interesting, as otherwise the exact dates might be forgotten ; but two quite normal infants can vary very much, one being more forward in one way and one in another, without either being at all unsatisfactory. Lists of things baby should do at a certain age, if he is normal, are a snare and a delusion—what is 'normal' anyway ? In marking these milestones an average is taken and allowance must be made for individual variations. If Baby is very late in reaching the milestones, ask the doctor or health visitor about it, especially if he is late at several different milestones. Babies who walk late often talk early and vice versa.

Milestones can be divided into Physical and Mental, the former can be touched on and dismissed as they occur in various other talks ; the Mental Milestones are less well known.

Physical

At about 4 months the child holds up his head.
6—8 months sits up in his cot.
6—9 months, cuts front teeth.
9 months, starts to crawl.
12 months, stands with support.
12—18 months, learns to walk alone.

Mental

At a few days old child can :

(1) Hear.
(2) Distinguish between light and dark objects.
(3) Follow with his eyes an object moved slowly before him.

At a month old. Recognises sounds, unpleasant odours, bitter and sweet tastes and shows displeasure by turning his head away and crying.

Six weeks. Recognises the human voice, turns his head to a sound and reaches out to an object.

Seven weeks. Smiles—recognises his mother.

Eleven weeks. Purposeful movements. Tries to imitate sounds. Surprise, fear and anger are seen. Dislike of strangers and changes.

3—4 months. Humour and laughter.

4—5 months. Distinguishes people. Carries things to his mouth. Stretches out his arms to be taken up. Grasps at objects.

5—6 months. Points at pictures. Follows objects dropping out of his hands. Recognises with joy his own image in a mirror.

7—8 months. Pleasure in noise—drops things to make a noise, etc.

8—9 months (or earlier). First language : "Dada," "Mama."

9—10 months. Instinct of locomotion appears. Interest in food

10—11 months. Instinct to stand—keeps getting on his feet.

11—12 months. Instinct to walk.

12—13 months. Jealousy seen. First signs of moral qualities. Sense of right and wrong.

15—16 months. Voluntary language appears. Says "No." Cries on being scolded.

17 months. Proper language begins. "Dada gone," and so on

18 months. Memory appears. Acquisitiveness and greed. Takes other children's toys. Find his own hiding places.

19—20 months. Sociability develops.

20—24 months. Active cleanliness appears (or earlier).

Demonstration Material

(1) Home-made My Baby Book, illustrated by snapshots.

(2) "Story of a Tooth" from Dental Board of United Kingdom.

(3) A good deal of useful demonstration material may be obtained by cutting out pictures of babies and toddlers from the illustrated papers. Use these to illustrate the various "milestones."

VII

Habits

Introduction

WHAT *is* a habit ? A habit is the result of an act repeated frequently. Each time it becomes easier until it is performed automatically or unconsciously. (*Give illustrations.*) A baby starts forming habits on his first day of life.

Infancy

How to form good habits

The value of routine. Baby likes the same things to happen regularly at the same times. Good habits are as easily formed as bad ones. Merely patience is needed. On going away for a holiday it is not the change of air or change of house that so often upsets the baby, but the change in the usual routine.

Cleanliness. In holding the baby out before and after feeds, nothing may happen for a time, but patience will be rewarded ; the baby will get the idea and a good habit will have been made.

Regular Bowels. Encourage bowel action after the bath.

Avoid the Dummy habit. When a baby cries there is a reason—*find that.* It may be discomfort, wind, hunger, over-feeding. Try *not* to give a dummy, which merely masks the underlying disturbance and starts a bad habit.

Play and Exercise. These need habit formation also. Devote a certain definite time in the day—best between 5—6 p.m.—to baby's exercise. Allow the baby freedom to kick on your lap. This is the "mothering" time.

Feeding. Feed regularly : 3-hourly or 4-hourly, according to the size and individual need of the baby. You are thereby laying the foundation of the life-long habit of a good strong digestion.

Sleeping. Put to bed after 6 p.m., feed regularly, then later on an early bed time will not be questioned, a good habit having been formed.

When Baby grows older.

Routine. Good habits of getting up early and going to bed at 6 p.m. should be continued, devoting the last hour before bed time entirely to him. Talk with him, read to or play with him, but don't do anything too exciting.

Meals. Regular meals—the assumption that they will be eaten—removing the food without comment if they are not. A healthy child eats if the meals are regular and nothing is given between them. If the child does not eat, the appetite has failed and the reason for that must be sought. Insistence that a child eats when he does not wish to do so leads to bad habits. It may start the habit of saying "no" to food because the consternation caused is gratifying and puts him in the limelight. He may continue to refuse in order to be the centre of a "scene."

Sleep. Continue the morning sleep—reduced to one hour before dinner time. Even if he merely rests in his cot with his toys or books it is of value.

Going to bed at 6 p.m. wil be easy if his infant habit has persisted.

Play. The daily walk should not be omitted. An hour or two's play with another child of the same age is a valuable aid to the child's training.

Do not snatch a child suddenly fom his play—prepare him by warning a quarter of an hour before bed time that toys must be put away when the clock strikes or when the big hand reaches a certain place. The toys should be put away as part of the game.

Bad Habits.

It is impossible to break a bad habit simply by insistence on "don't do it"; it merely tends to confirm and strengthen the matter in the child's mind.

It is possible to substitute one habit for another. Thumb sucking on going to bed may give place to hugging a teddy bear—one large enough to need two hands to hold. Do not mention the bad habit, but on its appearance merely offer something more attractive to do. and which makes the old habit impossible for the time being. (*Illustrate*), e.g.

Give the nail-bitten fingers something more interesting to do to occupy them.

Show charts giving infant's and toddler's daily routine.

The *Ostermilk Book* gives good time-tables and could be procured for mothers desiring to have it.

(*This talk touches on material that will be much more fully developed when talking about the Toddler. Throughout this talk emphasise how much the child's future or bad habit-traits* ***will*** *depend on his good or bad training from the earliest days*).

VIII.

Safety First with Baby

KEEP your head.

Look, think, then act. Good to know First Aid, better to avoid accidents.

Safety in Cot and Pram

Fresh air and sunshine are essential for baby—BUT

1. Put the pram, in the garden and the cot in the bedroom so that the light does not shine directly in baby's eyes.
2. Arrange the pram. hood and a screen round the cot so that baby is sheltered from draughts.
3. Always put the safety-brake on when leaving baby in the pram.

Put the hot water bottle in cot or pram, so that a layer of blanket is between the bottle and baby.

Do not use a soft pillow, which might cause suffocation.

Change baby from cot to drop-side cot as soon as he tries to sit up. FALLS are dangerous.

Always use safety-straps in chair and pram. after baby is **five** months old.

Safe Clothes

Use good strong safety pins, curved for preference, and fasten them so that they lie across baby ; there is less chance of them coming undone when baby kicks. No neck tapes. No flannelette. No rabbit wool

Safety in the Bath

Always put some COLD water in the bath before the hot, then test the heat of the water with the elbow.

A plain, unscented powder is safer for baby's tender skin.

Safe Feeding

Wait until baby has brought up the wind, then lay him on one side in the pram. so that he is less likely to choke if sick.

Don't leave a young baby to suck its bottle alone. Hold it.

Test heat of feed by dropping a little on to the inner side of your wrist where the skin is thin and sensitive. Don't suck the teat yourself.

Safe Toys

Do not hang ornaments or toys near to baby's eyes—they cause a squint.

Avoid highly painted toys and inflammable celluloid ones. Soft washable cuddly toys are best.

Safety round the house

If the front door bell rings when you have baby in your arms, wait and put him in play-pen or cot for safety. Quite young babies of three months can roll off a chair or sofa before mother thinks this is likely to happen.

As soon as baby can walk round the furniture, remove or pad all sharp corners likely to cause bruises.

Put safety bars or a wire-netting screen across all windows within the toddler's reach.

Remove breakables to a high shelf.

Have a fire-guard in every room, and a gate at the top of the stairs and at the back door.

Baby loves the floor, so keep it as clean as possible.

Fix the dust-bin lid on tightly.

Have removable key to gas fires.

Put all food away as soon as a meal is finished. See that the tea pot is well out of baby's reach—many scalds have been caused from hot tea.

Have a first-aid remedy handy for cuts, bruises and burns.

Label all bottles clearly with the name of the contents.

Safety in the Sun

Avoid sunstroke and sunburn by a canopy on the pram, and a shady hat to protect the head and neck of the toddlers.

Finally

Attend the Welfare Centre regularly until the child goes to school.

Have baby vaccinated against smallpox, innoculated against whooping cough and Immunised against Diphtheria.

Demonstration Material

Home-made canopy, pillow, mattress, cot and play-pen.
Washable webbing safety straps.
Suitable toys.
Simple First-Aid remedies.

IX

The Care of Premature Babies and Twins

Introduction

IN beginning the talk on The Care of Premature Babies and Twins stress the importance of good skilled nursing, which the baby needs to maintain life. Where there is a district nursing association the district nurse will attend if desired and most Health Committees pay a grant towards this.

Maintenance of Body Temperature

A premature baby is any child born three weeks or more before full time.

What we must aim at is to keep the baby as nearly as possible in the conditions it would have had if birth had been postponed to full time.

So we endeavour to give the baby the same warmth as he would have had from his mother's body and see that he is *disturbed as little as possible.*

Baby should be wrapped in gamgee wool and kept in a warm cot.

Clothing

Warm woollen clothing should be worn lightly over the gamgee to cover the baby from head to foot. (*Methods shown to mothers.*) Apply napkins loosely without pins.

The Cot

Warmed with hot water bottles and protected from draughts.

The Room

Should be airy and warm, average temperature 70°F. (*Show how to place and read a room thermometer.*)

Feeding

Mothers' milk is best and baby should be put to the breast every two hours and coaxed to suck. A premature baby is naturally sleepy, and should be allowed to take what it can without exhaustion. The remainder of the milk should then be expressed and given to baby by means of a sterile pipette (*explain sterilization by boiling or by Milton method and show pipette and how it is used*) or small feeding bottle with special teat if child can suck. (*A fountain pen filler will do as a pipette*).

Sips of cooled boiled water to be given between feeds.

Bathing

Very premature babies, or those which, although not very premature, are especially frail, should not be bathed in the usual way at

first. They should be *gently* rubbed with warmed olive oil once a day, using cotton wool swabs. Be careful to wipe all the little nooks and corners, armpits, folds or groins, behind ears, etc. Don't leave the whole body exposed when you are doing this. Cover up with a warm towel or sheet of gamgee as you go.

Outings

These will depend on the weather and season. Use discretion and hasten slowly. Unless it is high summer and hot, take out at first only in the middle of the day.

Regular weighing is desirable, especially if it can be done reliably at home. But don't take a premature baby out to be weighed unless weather conditions are good. Besides, as we said before, disturb baby as little as possible, especially at first.

Remember that premature babies are both particularly liable to catch infections and slow in recovering. Keep away everybody with colds or sore throats. If mother has a cold she should mask her mouth and nose with a handkerchief folded cornerwise and tied behind her head. (*Demonstrate.*)

Twins

All we have discussed about regular time tables, feeding, clothing, etc., applies to twins, only rather more so. It is even more urgent that baby should be 'good'—i.e. comfortable and content—when there are two of him!

Feeding.

Both babies are best fed at the same time. *Demonstrate breast feeding twins simultaneously.* If this is not possible, the two babies should be fed one after the other, without any interval, and at alternate feedings the infants should be changed over It is important to ensure that each baby gets its full allowance, and if there is any doubt about this matter by failure to gain weight it should be settled by a 'test feed' at the Infant Welfare Centre.

One twin will sometimes be much heavier than the other. Remember that the bigger twin will need more food. Don t expect them both to take the same quantity, either from bottle or breast. That reminds me of :—

One word of warning about twins. It is the fashion to dress twins alike and generally treat them as if one was the exact replica of the other. That is a mistake. In fact, it is treating them like mechanical toys instead of human beings. Twins *may* be so alike in temperament that they like the same things, but they *may* have tendencies quite separate and unlike, and their growing personalities will be distorted if you try to force them into an artificial similarity. Treat your twins from the first like two separate children, not like the two halves of one child.

Demonstration Material

Doll, cot, wool garments and blankets, hot water bottles, gamgee cloak and hood with long sleeves and bootees, olive oil, pipette, small feeding bottle with special teats, room thermometer.

X

Nursery Ailments

Introduction

THE 'Big Idea' of Welfare Centre is **prevention.** Mothers, doctors and nurses working together to **keep baby well.** However, mother should borrow the Scouts' and Guides' motto and "Be prepared." We ought to be able to recognize first signs that all is not well and know what to do. So we save baby discomfort and danger and ourselves from that horrid feeling of dither and worry.

Prevention is important. If we keep in mind all the points we have discussed in other talks, *especially* the importance of cleanliness and regularity in all our dealings with baby, we can avoid a great many ills. To regularity and cleanliness let us add a pinch of commonsense in small things.

A few commonsense "Don'ts." (Get mothers to suggest these themselves) :

Don't let living rooms get hot and stuffy and then take baby for the night into a chilly bedroom.

Don't take baby among a lot of people crowded together indoors.

Don't put baby out in a fog or a keen east wind or a downpour, but—

Don't keep him in all day by the fireside while you do your work and then take him out late on a winter afternoon.

Don't let anyone with a cold come within breathing distance of baby ; if you have a cold yourself mask your nose and mouth with a handkerchief folded cornerwise and tied behind head when attending to him.

Don't take baby into a house where you know there is infection

CHEST TROUBLES

Directly a bad cold starts keep baby indoors for three days. Preferably in one room **warm but air always fresh.** Some trouble necessary to secure this. Open window. Improvised screen if any risk of draught. (*Illustrate.*)

In very severe weather well fitting board under lower sash. (*Illustrate.*)

Small fire day and night.

Objection to nursing in living room:—Stale dusty air irritates the inflamed breathing passages. Difficult to keep air clean and fresh where cooking is done, gas lights burning, rest of family breathing and father smoking.

Air composition, changes, and circulation - importance of oxygen. (*Talk about these very simply or in more detail according to the type of audience. Illustrate air circulation by simple diagram drawn as you talk*).

Keep nasal passages clean ; cotton wool, which can be burnt afterwards, is best. Drop some eucalyptus and olive oil mixture into nostrils before each feed.

Plenty of fluids to drink.

Care of a cold will often prevent it developing into bronchitis or pneumonia. (*Show diagram of respiratory system and explain*).

Signs of bronchitis. Thick wheezy cough, obvious discomfort. Get Doctor in, don't take out to surgery.

Signs of pneumonia—often very sudden in a baby. Hot, dry skin. quick, uneasy breathing, movement of nostrils, child very quiet and limp, often little cough. Get a doctor in at once.

Nursing bronchitis. As for a cold, only more so. Extra pillow. Bronchitis kettle. Improvising one. (*Warn that Friar's Balsam spoils a kettle for ordinary use.*) Light milk diet. Sponge over instead of bath. Removing phlegm.

Nursing pneumonia. As for bronchitis, except in such details that doctor will order. Extra care to keep very quiet and disturb as little as possible. Don't use poultices unless doctor orders. (*Show how to prepare and apply Kaolin.*) District Nurse always available to help you if doctor wishes. Do make use of her services.

TUMMY TROUBLES

"Wind." How to decide whether in pain, hungry or just in a temper.

Relieve by drink of warm water ; apply warm flannel from breast bone to pit of stomach ; see that feet are warm ; **hold upright.** Don't try and give baby food until relieved of pain.

Avoid by preventing baby taking food quickly. If bottle fed, see that hole in teat is the right size.

Do not leave baby alone in pram, or cot with a bottle of food, or leave with an empty bottle or a cold feed.

A nursing mother must give up time to feed baby, why resent giving time to bottle feeding ?

Indigestion

Colic may also be caused by acute indigestion from wrong food, Regular feeding and careful preparation of food essential.

May be necessary to omit one or two feeds, giving water only, to give digestion a rest, before giving more food.

If pain and indigestion persists, get advice before baby gets ill, especially if there is diarrhoea.

Diarrhoea

In breast-fed infants, this is usually caused by too large, too frequent, or irregular feeds. If the motions are normal in colour and

there is no sign of illness it need not be considered as serious and can be remedied by further regulation of feeding.

Diarrhoea in bottle-fed babies is more serious. The motions may be green, have undigested curds and be accompanied by pain and have an offensive odour. These conditions may be caused by :

1. Wrong food, overfeeding, irregular feeds, feeding too quickly, food too hot.
2. Contaminated or stale foods. (*Storage of wet and dried milk.*)
3. Badly washed bottles and teats.
4. Chill from wet napkins, sitting on floor in draught.

There is also an infectious, epidemic type that generally occurs in hot weather. This is serious as infants may rapidly become very ill and need careful treatment. If there is likely to be any delay in doctor's coming, give one dose of castor oil—one small teaspoonful— and give nothing but boiled water or white of egg water for 24 hours. As baby gets better bring feeds very gradually back to normal amounts and strength. (*Recipes for Albumen Water.*)

Constipation

Constipation may occur in breast-fed infants, usually due to either overfeeding or underfeeding ; this can be decided by size and frequency and colour of motions.

A normal motion passed infrequently is not true constipation.

Do not give aperients, this encourages constipation ; a little boiled water given between feeds, gentle massage with warm oil may be effective.

Constipation occurs most frequently in bottle-fed babies, and may be caused by :

1. Overfeeding or underfeeding.
2. Insufficient fluid.
3. Abuse of aperients.
4. Lack of training.

Prevent by regular feeding, giving cooled boiled water to drink between feeds, a teaspoonful of orange juice in a little water.

Gentle massage of abdomen.

Hold out over chamber at regular intervals.

Allow baby to kick for short time twice a day to stengthen muscles.

Do not give medicines or suppositories, except by doctor's orders. Used indiscriminately they encourage laziness, and cause secondary constipation.

Vomiting

This may be a sign that baby has had too much food or has been too quickly fed.

Hold up after a feed, until wind has been broken, before putting baby back in cot.

Regulate feeding as much as possible to avoid vomiting becoming a habit.

Vomiting in bottle-fed babies may be due to irregular feeding, wrong diet, feeding too quickly.

If vomiting is accompanied by constipation it may be serious, take to a Doctor.

If vomiting is violent, or the food is thrown" back" in a jet, consult your Centre or doctor.

Thrush

Thrush is recognised by little white spots, something like curds, which appear on the tongue and roof of mouth; if these are wiped off there is a raw patch underneath.

This may be caused by want of cleanliness, using soiled rag to clean mouth. (Do not make a practice of wiping out mouth.) Insufficient care in keeping bottle teats clean. Allowing too much thumb sucking.

Prevent by perfect cleanliness. Wash nipples before putting baby to breast; discard dummy; care of bottles and teats.

Treat by very gentle application of glycerine and borax. Don' t attempt to *rub* off.

SKIN TROUBLES

Cracked ears and sore necks due to:

(i) Baby being sick and not being quickly and properly cleaned up
(ii) Overheating and profuse perspiration.
(iii) Careless drying.
(iv) Tight neck strings and starched or harsh stuff frocks.

Treat by keeping two skin surfaces apart by fold of gauze or very thin soft rag spread with ointment.

Sore Buttocks

Prevent by:

1. Frequent changes of napkins.
2. Care in washing, no soda in water, dry in air whenever possible.
3. Try and find and remedy any fault in diet.
4. Wash baby's buttocks with warm water or else cleanse with a little oil after removing a soiled napkin. Do not rub with rough napkin, but wipe or dab gently with soft towel.

Zinc and castor oil ointment may be used on sore buttocks. Spread on pieces of clean soft rag and leave on under napkin.

Napkin Rash

This is due to irritation of skin by ammonia in urine and covers the area of skin which comes in contact with a wet napkin.

Is increased by washing napkins in soda water.

Ammonia in urine is caused by some fault in diet. Usually the feed is too rich in fat.

Consult the clinic about the feed.
Be scrupulous in napkin care.
Keep area well oiled.

Nettle Rash

Little blistery lumps like nettle stings. Caused by blood getting too acid. Most commonly due to too much sugar or starchy foods like potato, white bread, rice or bananas.

Give a dose of milk of magnesia. Cut down sugar or starchy foods. Dab spots with calamine lotion or bicarbonate of soda mixed with warm water to consistency of thin cream. This allays irritation.

Mother sometimes wonders if baby has chickenpox.

Chickenpox usually distributed evenly over body and limbs and appear on face and scalp. Nettle rash usually in crops on a limb or on body. Chickenpox forms scabs. Nettle rash fades out unless scratched sore.

We will talk about the **common infectious illnesses** another time.

Whooping cough is the only one that is very commonly caught by small babies. **Be especially wary** of exposing baby to whooping cough. **Never** take a child with a suspicious cough to clinic or surgery. **Remember** when you take a whooping cougher out that an unmasked cough can throw germs the width of a street, and keep the child as far away from other children as possible, and mask a cough with soft paper, rag or handkerchief immediately.

Giving medicine and powders. (*Illustrate correct way of doing this.*)

Many mothers ram a spoon straight into the mouth, touch the soft palate with the spoon tip, so that a child is forced to retch, then say that the child fetches 'the medicine up.' (*Make mothers try touching their own soft palates with tea spoons ?*)

Demonstration Material

1. Various diet sheets and leaflets as usually distributed at Centre. Model ones from Association of Maternity and Child Welfare 5, Tavistock Place, W.C.1.
2. Leaflets and posters from Central Council for Health Education, Tavistock House, Tavistock Square, W.C.1.
3. Dummy baby for illustrating points mentioned.
4. A simple medicine chest, i.e. a clean tin with a well fitting lid, containing useful (inexpensive) household remedies.
5. Bronchitis kettle and an improvisation.
6. Other material as mentioned in talk (Kaolin poultice, etc.)

Wads./9/49/2000.

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